

STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL

Student Background Information Form

(To be filled out by Referring Agency staff)

Applicant Name _____ D.O.B. _____ Gender _____ Ethnicity _____

Please indicate demographic information: ☐ Urban ☐ Suburban ☐ Rural

Referring Agent _____ Referring Agency _____

Agency Address _____ City _____ State _____ Zip _____

Agent Day Time Phone _____ After Hours Phone _____ e-mail _____

The purpose of this form is to gather data that will make the Wilderness School more responsive to the needs of students. Therefore, detailed information is required on each question. It is also intended to help identify students who will need special preparation before attending Wilderness School. Accurate and complete information is necessary in determining student appropriateness for the program. Wilderness School may request additional information regarding student history, which will be evaluated on a case-by-case basis. All information will remain confidential.

1. Person completing this form _____ Title _____

2. What is your relationship to the applicant? _____

3. Is the applicant applying for a ☐ 20-Day Expedition ☐ 5-Day Expedition ☐ Alumni Expedition?

4. For which expedition do you feel the youth is best suited, and why? _____

5. What is the applicant's motivation for attending the Wilderness School? _____

6. Applicant currently lives with: ☐ Natural parents ☐ One natural/one stepparent ☐ Single parent

☐ Relatives ☐ Foster family ☐ Relative foster family ☐ Group home/residential program

☐ Temporary Shelter ☐ Institution (i.e. CJTS, Detention) ☐ Other _____

7. Describe the relationship of the applicant to those with whom he/she lives _____

8. Is the applicant involved with DCF? ☐ yes ☐ no If yes, please check: ☐ Non committed ☐ FWSN

☐ Voluntary Services ☐ Committed ☐ Committed Delinquent ☐ Dually Committed

DCF contact _____ Location/region _____

9. Has the applicant had any major transitions within the last year (i.e. death in the family, geographic move(s), divorce, multiple placements)? ☐ yes ☐ no If yes, provide all details_____

10. Is the applicant attending: ☐ Public school ☐ Residential program / Institutional school
☐ Private school ☐ Special needs school ☐ Vocational/technical school
☐ Homebound Tutoring ☐ Other_____

Name of school:_____ Guidance Counselor/contact: _____

11. Highest grade completed: ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ Other: _____

12. Is the applicant considered to have problems in school? ☐ yes ☐ no (If yes, check all that apply)
☐ Behavior problems ☐ Underachievement ☐ Poor grades ☐ Truancy ☐ ADD/ADHD
☐ Learning disabilities ☐ Processing difficulties ☐ Other_____
 Provide details_____

13. Describe the applicant's peer relations_____

14. Describe the applicant's interactions with adults _____

15. The applicant's use of drugs and/or alcohol can be described as: ☐ Non-using ☐ Experimental
☐ Occasional ☐ Frequent ☐ Excessive ☐ Addicted ☐ Not known

16. Has the applicant's involvement in drugs/alcohol resulted in treatment? ☐ yes ☐ no

Provide details_____

17. The applicant's use of cigarettes or tobacco products can be described as: ☐ Non-using ☐ Experimental
☐ Occasional ☐ Frequent ☐ Excessive ☐ Addicted ☐ Not known

18. Has the applicant or applicant's family ever participated in counseling, therapy, or sought assistance from a psychiatrist? ☐ yes ☐ no If yes, indicate reasons for and length of treatment_____

Describe the type of treatment received_____

Name of Psychiatrist or Therapist _____ Telephone_____

19. Does the applicant have a history of: ☐ Bedwetting ☐ Running away ☐ Emotional immaturity
☐ Developmental delays ☐ Depression ☐ ADHD/ADD ☐ Conduct disorder
☐ Oppositional defiant disorder ☐ PTSD ☐ OCD ☐ Bi-polar disorder
☐ Intermittent explosive disorder ☐ Out of control behaviors ☐ Anxiety disorder
☐ Other. Please explain:_____

20. Has the applicant ever thought about or attempted suicide? ☐ yes ☐ no If yes, provide details
(including dates, number of occurrences and treatment that followed)_____

21. Has the applicant ever been hospitalized for psychiatric reasons? ☐ yes ☐ no If yes, please check all
that apply. Provide details, name of hospital(s), and dates of all hospitalization(s)

☐ Hospitalization(s) for evaluation_____

☐ Extended hospitalization(s)_____

☐ Partial hospitalization(s)_____

Reasons for psychiatric hospitalization(s)_____

22. Is applicant taking medication to manage a psychiatric disorder? ☐ yes ☐ no

List all psychiatric medications current dosages, and reasons for taking medication:_____

23. Does the applicant take medication for asthma? ☐ yes ☐ no List all asthma medications and current dosages: _____

24. Does the applicant take any other medications, vitamins or homeopathic remedies? ☐ yes ☐ no List all medications current dosages, and reasons for taking medication: _____

* All medications, over the counter medications and homeopathic remedies must come with Doctor's orders. Applicants with diagnoses of asthma are required to bring all prescribed inhalers as well as one unused back-up inhaler for each prescription.

25. Are you anticipating a change in medication or dosage prior to the applicant's course start? ☐ yes ☐ no
Please explain: _____

26. Has the applicant ever had police contact? ☐ yes ☐ no If yes, check all that apply

☐ Warning ☐ Court date pending ☐ Arrest record ☐ Charges dropped or changed ☐ Probation

☐ Parole ☐ Institutionalization ☐ Criminal behavior has escalated in the past six months

List offense(s) and the nature of the offense(s) _____

List all juvenile justice workers (i.e. parole, probation, juvenile justice center staff) _____

_____ Phone _____

27. Does the applicant have a history of any of the following: ☐ Fire starting ☐ Physical violence

☐ Threatening with a weapon ☐ Multiple offenses ☐ Sexually assaultive behavior

☐ Sexually inappropriate behavior ☐ Antisocial behavior ☐ None of these

Provide details: _____

* **Please Note: The Wilderness School conducts physically demanding courses of up to twenty days in length. The program is not a summer camp experience. The applicant must be emotionally as well as physically**

prepared for the rigorous demands of the experience.

28. Does the applicant demonstrate the maturity to handle the physical stress and emotional demands of the course? ☐ yes ☐ no Provide details_____

29. How well is the applicant prepared for the Wilderness School expedition?_____

30. How does the applicant handle stressful situations?_____

31. Do you have any concerns about this youth completing his/her expedition? ☐ yes ☐ no _____

32. Describe how the applicant spends his/her free time_____

33. What approaches have you found most successful in assisting this applicant in his/her personal growth?_____

34. Please provide names and phone numbers of additional workers/support persons not previously mentioned (Therapist, Doctor, Coach, Advisor, Probation Officer, Youth Worker, Mentor etc.) for this applicant:

Name / Title	Relationship	Phone Number

If you have additional information that you feel would help us in best meeting the needs of this applicant, please add the information to the back of this form. To the best of my knowledge, I have provided Wilderness School with complete background information on _____. I recommend and support the consideration of this applicant for the Wilderness School program.

Signature of Referring Agent

Date

* You may be required to provide a psychological, social or other written evaluation to assist in the screening

process. Additional medical information or a consult with a specialist may be required.